

# REPLACEMENT SHEET

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12 PATIENT NAME										13 PATIENT ADDRESS										21 D JR										22 STAT										23 MEDICAL RECORD NO.										24										25										26										27										28										29										30										31																																																																																																																																																																																																																																																																																																																																																																																																																																			
14 BIRTHDATE										15 SEX										16 MS										17 DATE										18 HR										19 TYPE										20 SRC										21										22										23										24										25										26										27										28										29										30										31																																																																																																																																																																																																																																																																																																																																																																																	
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42 REV. CO.										43 DESCRIPTION										44 HCPCS/RATES										45 SERV. DATE										46 SERV UNITS										47 TOTAL CHARGES										48 CHARGES										49 NON-COVERED										50										51 PROVIDER NO.										52 REL										53 ASO										54 PRIOR PAYMENTS										55 EST. AMOUNT DUE										56										57										58										59										60 CERT. SSN. HIC. ID NO.										61 GROUP NAME										62 INSURANCE GROUP NO.										63										64 ESC										65 EMPLOYER NAME										66 EMPLOYER LOCATION										67 PRIN. DIAG. CO.										68 CODE										69 CODE										70 CODE										71 CODE										72 CODE										73 CODE										74 CODE										75 CODE										76 ADM. DIAG. CO.										77 E-CODE										78										79 P.C.										80 PRINCIPAL PROCEDURE										81 OTHER PROCEDURE										82 ATTENDING PHYS. ID.										83 OTHER PHYS. ID.										84 REMARKS										85 PROVIDER REPRESENTATIVE										DATE																																																																																																			

FIGURE 1A



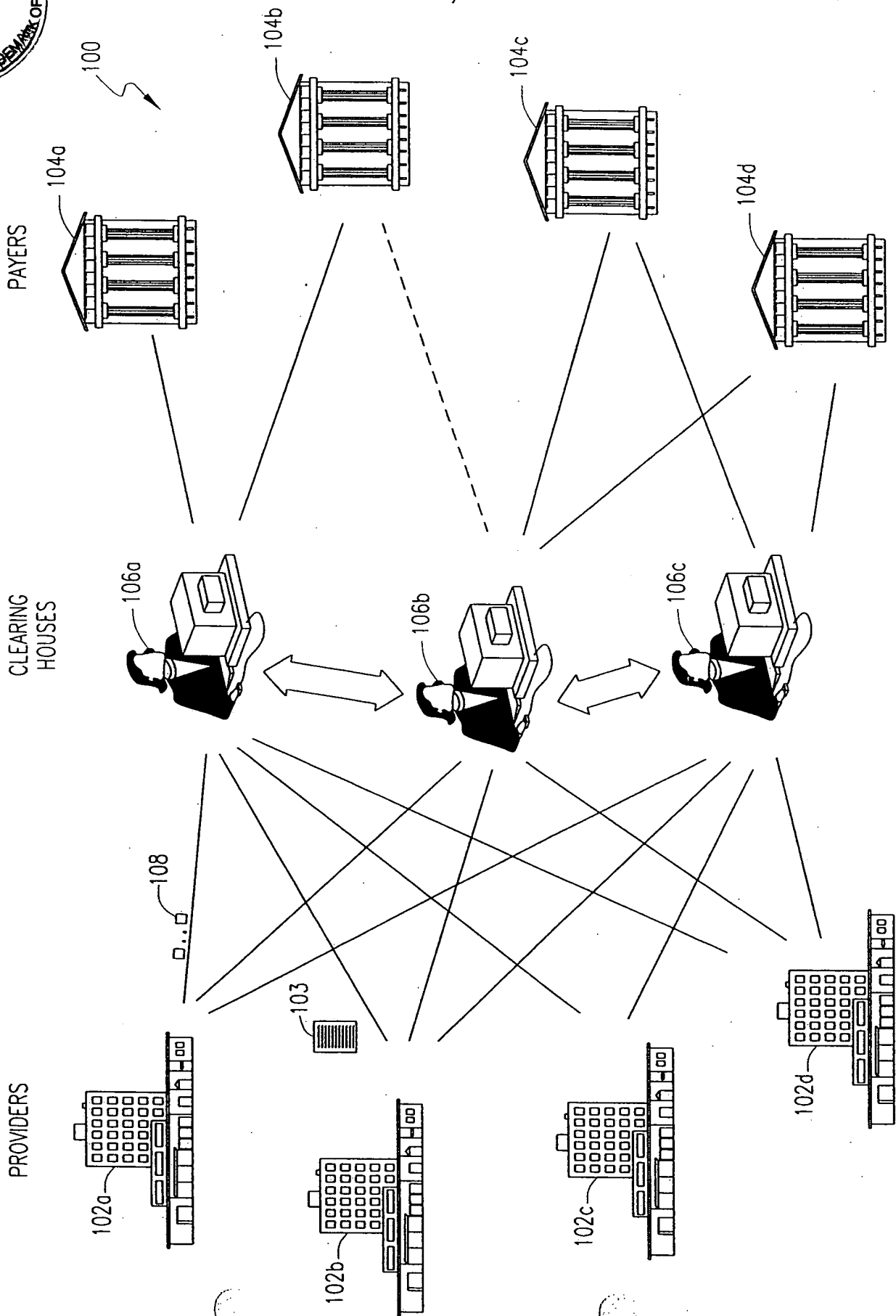


FIG. 1B

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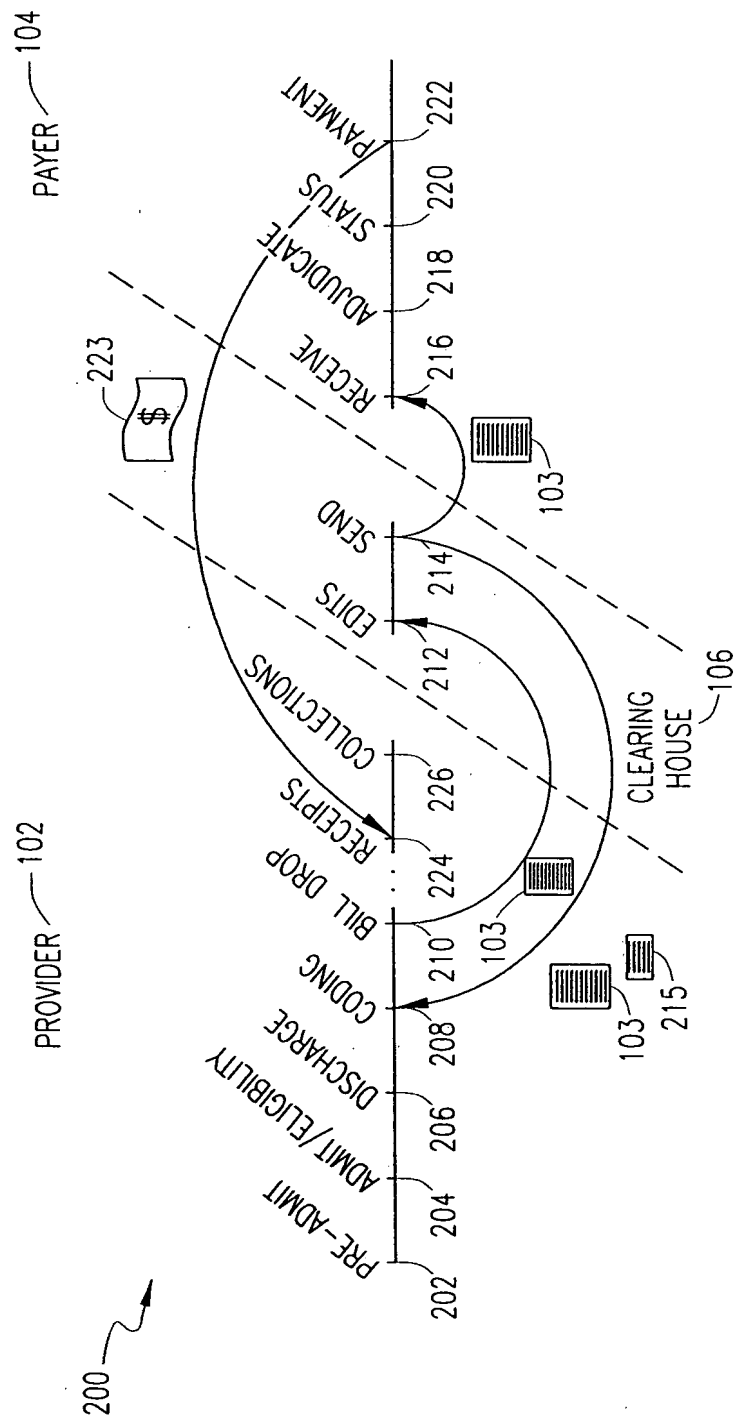
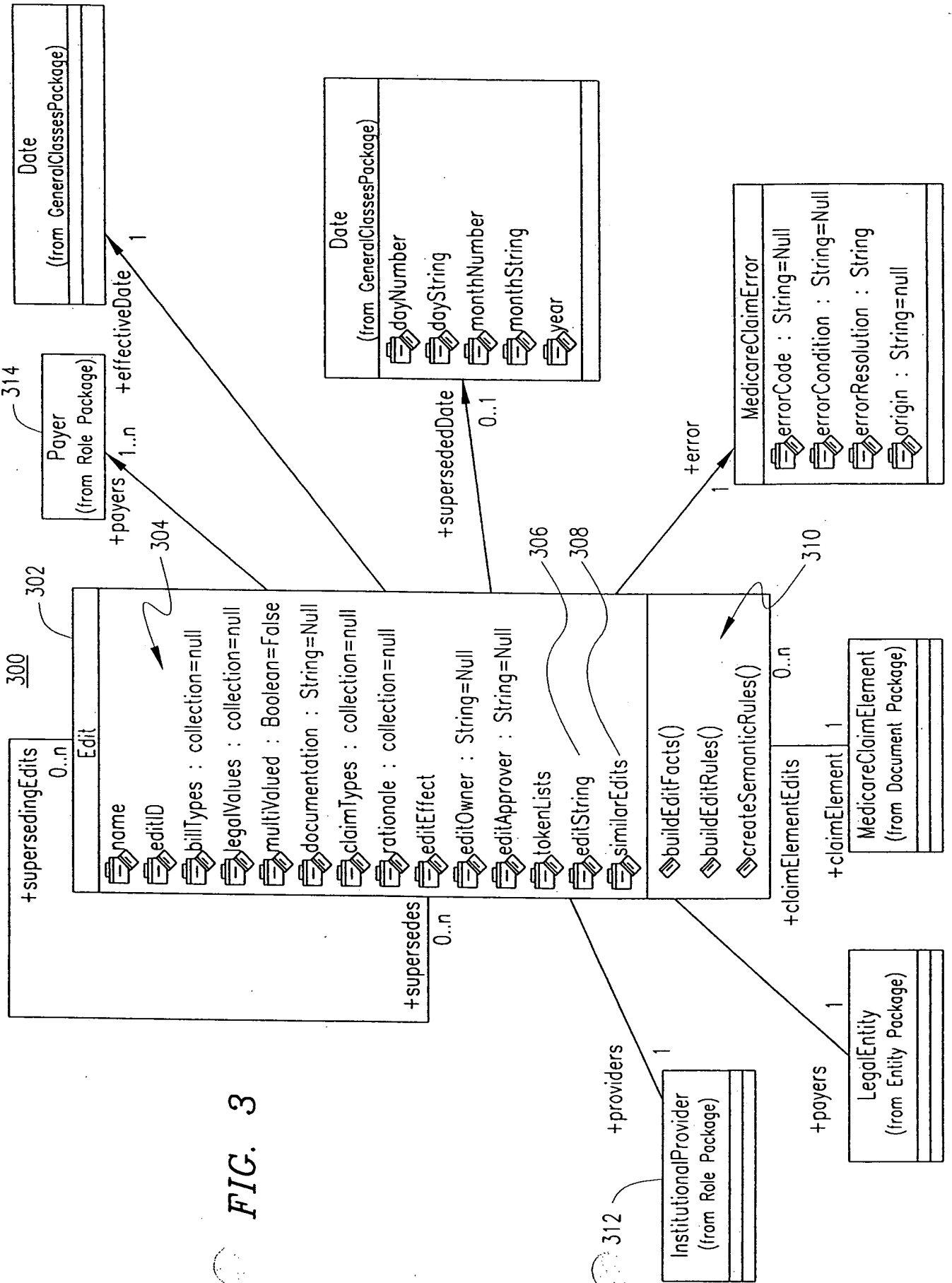


FIG. 2



400

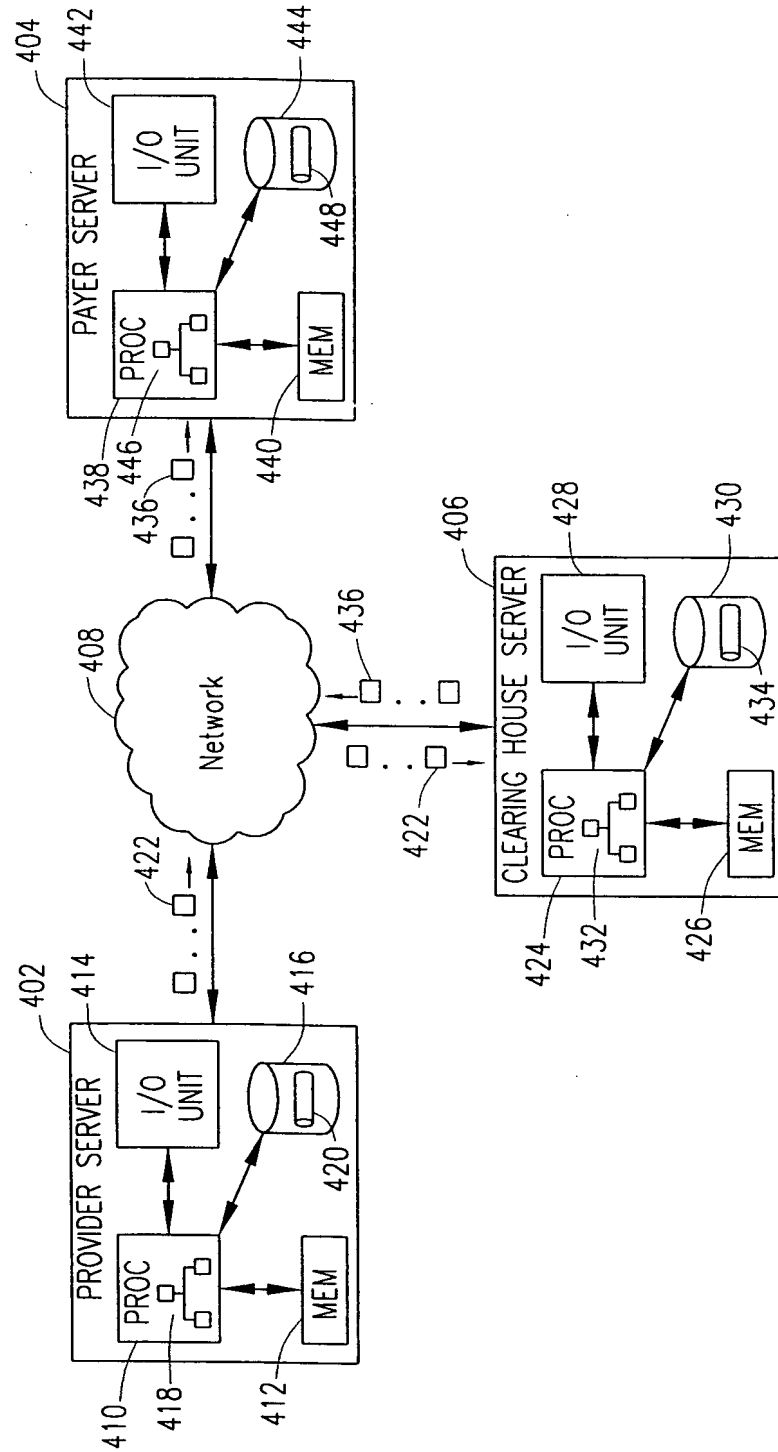


FIG. 4

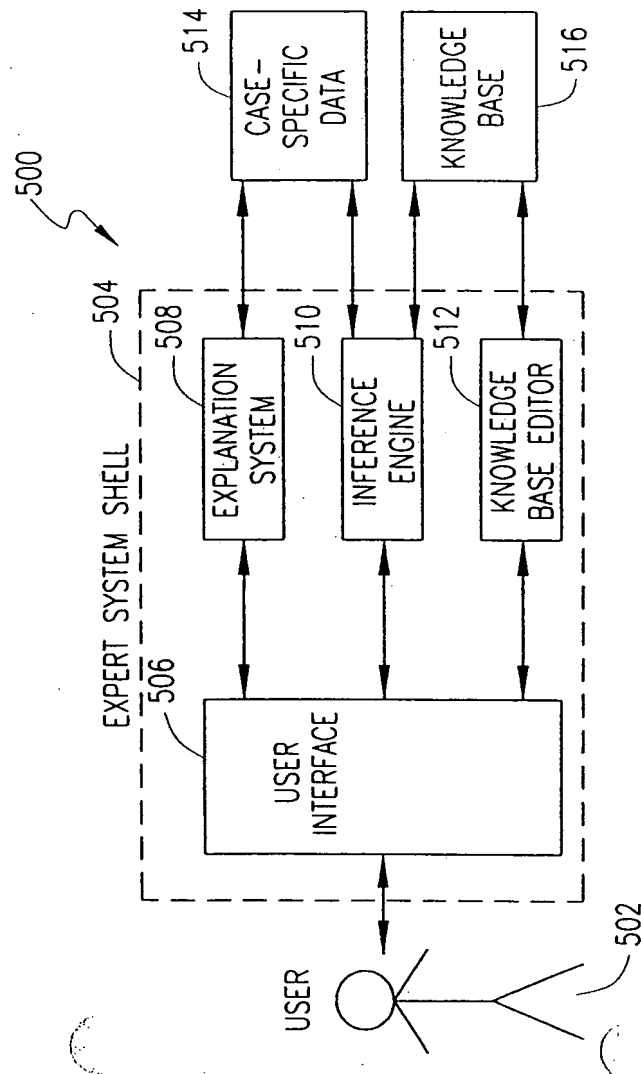


FIG. 5

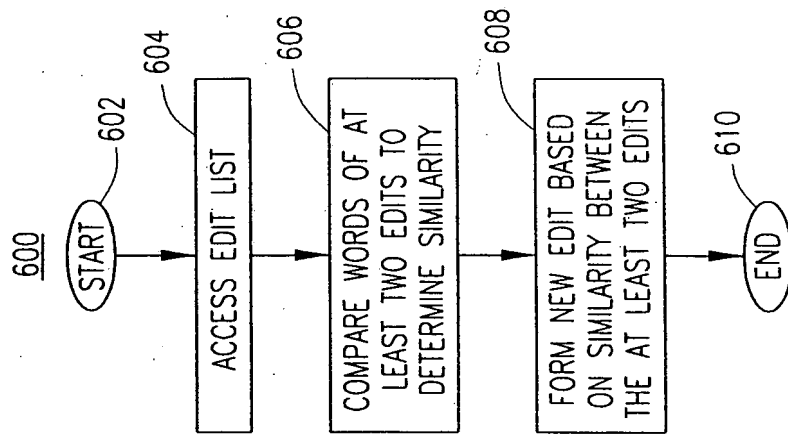


FIG. 6

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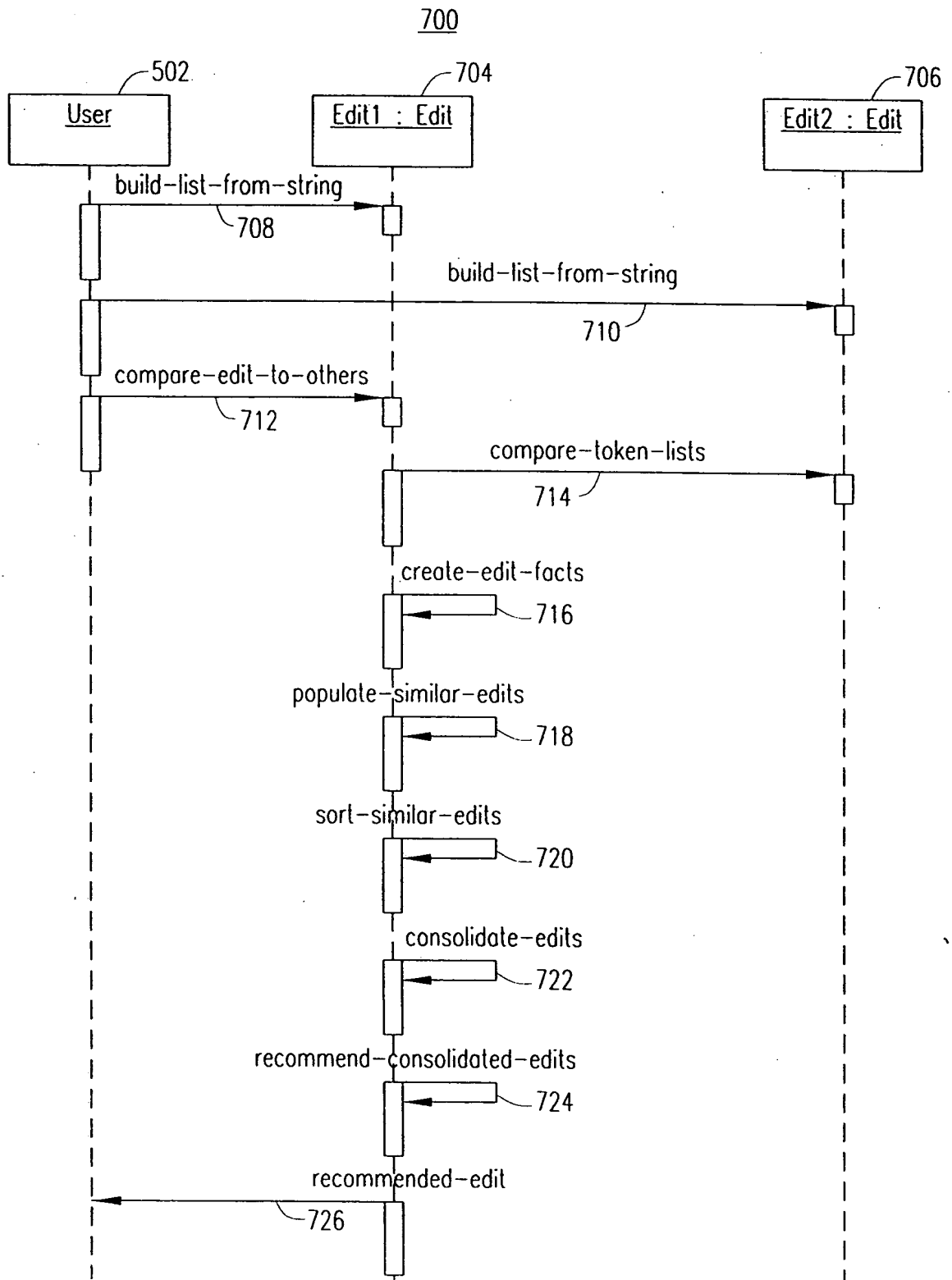


FIG. 7